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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |                                       | Application or Docket Number<br><b>10/593,478</b> | Filing Date<br><b>05/16/2007</b> | <input type="checkbox"/> To be Mailed |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|--|---|---|---------------------------------------|---|----------------------------------|---------------------------------------|----------------------------------|-----------|------------------------|----------------------------|--|--|--|------------|------------|------------|---------------------------------------|--|----|--|--------------|--|-----------|--------------|---|-----------|---|------------------|-----------|---|-----------|------------------------|------------------------|-----|-------|-------|--|--------|-----|-----|-----------|-----|------------------------------|---|-------|------|-----|--------|-----|----|----------------------------------|------------|--|--------|--|--------------------|--|--|-----------|---|--|--|--------|--------------------|---|---|--|-------|------------|------------|------------|--|------------------------|-----------|------------------------|-----------|--|---|--|---|------------------|--------|--|--------|--|------------------------|---|-------|----|---|--------|--|--------|--|------------------------------|---|-------|-----|---|--------|--|--------|--|--|--|--|--------------------|--|--------------------|--|---|--|--|--|--------------------|--|--------------------|--|---|
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| APPLICATION AS FILED – PART I  |   |   | OTHER THAN<br>SMALL ENTITY            |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| (Column 1)   | (Column 2)  | (Column 3)                                | SMALL ENTITY <input type="checkbox"/> |   | OR                               |                                       | SMALL ENTITY                     |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| FOR  | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                             | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | minus 20 =  | *   | X \$ =                                |   | X \$ =                           |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *   | X \$ =                                |   | X \$ =                           |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |                                       |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">APPLICATION AS AMENDED – PART II</th> <th colspan="4" style="text-align: right; padding: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding: 2px;">(Column 1)</th> <th style="text-align: center; padding: 2px;">(Column 2)</th> <th style="text-align: center; padding: 2px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding: 2px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding: 2px;">OR</th> <th colspan="2" style="text-align: center; padding: 2px;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td rowspan="6" style="vertical-align: top; padding: 2px;">AMENDMENT</td> <td style="padding: 2px;">09/20/2006</td> <td style="padding: 2px;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding: 2px;">PRESENT<br/>EXTRA</td> <td style="padding: 2px;">RATE (\$)</td> <td style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding: 2px;">RATE (\$)</td> <td style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding: 2px;">Total (37 CFR 1.16(i))</td> <td style="padding: 2px;">* 4</td> <td style="padding: 2px;">Minus</td> <td style="padding: 2px;">** 20</td> <td style="padding: 2px;">= 0</td> <td style="padding: 2px;">X \$ =</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">OR</td> <td style="padding: 2px;">X \$ 50 =</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">Independent (37 CFR 1.16(h))</td> <td style="padding: 2px;">* 1</td> <td style="padding: 2px;">Minus</td> <td style="padding: 2px;">***3</td> <td style="padding: 2px;">= 0</td> <td style="padding: 2px;">X \$ =</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">OR</td> <td style="padding: 2px;">X \$ 200 =</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">TOTAL ADD'L<br/>FEE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TOTAL ADD'L<br/>FEE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">TOTAL ADD'L<br/>FEE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TOTAL ADD'L<br/>FEE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">(Column 1)</td> <td style="padding: 2px;">(Column 2)</td> <td style="padding: 2px;">(Column 3)</td> <td style="padding: 2px;">RATE (\$)</td> <td style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding: 2px;">RATE (\$)</td> <td style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td rowspan="6" style="vertical-align: top; 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| APPLICATION AS AMENDED – PART II   |   |   | OTHER THAN<br>SMALL ENTITY            |   |                                  |                                       |                                  |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| (Column 1)   | (Column 2)  | (Column 3)                                | SMALL ENTITY                          |   | OR                               |                                       | SMALL ENTITY                     |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| AMENDMENT  | 09/20/2006  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           | RATE (\$) | ADDITIONAL<br>FEE (\$) |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | Total (37 CFR 1.16(i))  | * 4                                       | Minus                                 | ** 20   | = 0                              | X \$ =                                |                                  | OR        | X \$ 50 =              | 0                          |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | Independent (37 CFR 1.16(h))  | * 1                                       | Minus                                 | ***3  | = 0                              | X \$ =                                |                                  | OR        | X \$ 200 =             | 0                          |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                                       | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | (Column 1)  | (Column 2)                                | (Column 3)                            | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           |           |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | X \$ =                                |                                  | X \$ =    |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | Total (37 CFR 1.16(i))  | *   | Minus                                 | **  | =                                | X \$ =                                |                                  | X \$ =    |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | Independent (37 CFR 1.16(h))  | *   | Minus                                 | ***   | =                                | X \$ =                                |                                  | X \$ =    |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       | TOTAL ADD'L<br>FEE                                |                                  | TOTAL ADD'L<br>FEE                    |                                  | 0         |                        |                            |  |  |  |            |            |            |                                       |  |    |  |              |  |           |              |   |           |   |                  |           |   |           |                        |                        |     |       |       |  |        |     |     |           |     |                              |   |       |      |     |        |     |    |                                  |            |  |        |  |                    |  |  |           |   |  |  |        |                    |   |   |  |       |            |            |            |  |                        |           |                        |           |  |   |  |   |                  |        |  |        |  |                        |   |       |    |   |        |  |        |  |                              |   |       |     |   |        |  |        |  |  |  |  |                    |  |                    |  |   |  |  |  |                    |  |                    |  |   |
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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
marquita D. jones